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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/459,189
Filing Date	December 10, 1999
First Named Inventor	Haynes
Group Art Unit	3626
Examiner Name	M. Kapadia
Attorney Docket Number	4173/2

Total Number of Pages in This Submission

### ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Declaration for Utility or Design Patent Application<br><br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosures (please identify below):<br>- Request for Continued Examination (RCE) Transmittal;<br>and<br>- Return receipt postcard |
|---|---|---|

Remarks

Customer No 29858

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Matthew J. Marquardt, Reg. No. 40,997
Signature	
Date	July 17, 2003

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 17, 2003

Typed or printed name	Matthew J. Marquardt
Signature	
Date	July 17, 2003

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**FREE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1680

**Complete if Known**

Application Number	09/459,189
Filing Date	December 10, 1999
First Named Inventor	Haynes
Examiner Name	M. Kapadia
Group / Art Unit	3626
Attorney Docket No.	4173/2

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number

02-4270

Deposit  
Account  
Name

Brown Raysman Millstein Felder &amp; Steiner LLP

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17
- 
- ☐
- Applicant claims small entity status.
- 
- See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other
**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	750	201	375	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$0)

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
-20 **	0	18	0
Independent Claims -3 **	0	84	0
Multiple Dependent			0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	2051	65	Surcharge - late filing fee or oath	
127	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	1053	130	Non-English specification	
147	2,520	1812	2,520	For filing a request for reexamination	
112	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
115	110	2251	55	Extension for reply within first month	
116	410	2252	205	Extension for reply within second month	
117	930	2253	465	Extension for reply within third month	930
118	1,450	2254	725	Extension for reply within fourth month	
128	1,970	2255	985	Extension for reply within fifth month	
119	320	2401	160	Notice of Appeal	
120	320	2402	160	Filing a brief in support of an appeal	
121	280	2403	140	Request for oral hearing	
138	1,510	1451	1,510	Petition to institute a public use proceeding	
140	110	2452	55	Petition to revive - unavoidable	
141	1,300	2453	650	Petition to revive - unintentional	
142	1,300	2501	650	Utility issue fee (by class)	
143	470	2502	235	Design issue fee	
144	630	2503	315	Plant issue fee	
122	130	1460	130	Petitions to the Commissioner	
123	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
126	180	1806	180	Submission of Information Disclosure Stmt	
581	40	8021	40	Recording each patent assignment per property (times number of properties)	
146	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination -RCE	750
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 1680)

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)

Matthew J. Marquardt

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40,997

Telephone

212-895-2906

Signature

Date

July 17, 2003